

## **Application Data Sheet**

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit:: 1616  
Title:: DELIVERY OF RIZATRIPTAN OR ZOLMITRIPTAN  
THROUGH AN INHALATION ROUTE  
Attorney Docket Number:: 00038.03CON  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 1  
Small Entity:: Yes  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country: US  
Status:: Full Capacity  
Given Name:: Ron  
Middle Name:: L.  
Family Name:: HALE  
City of Residence:: Woodside  
State or Province of Residence:: California  
Country of Residence:: US  
Street of mailing address:: 17085 Skyline Blvd  
City of mailing address:: Woodside  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94062

Applicant Authority type:: Inventor  
Primary Citizenship Country: US  
Status:: Full Capacity  
Given Name:: Joshua  
Middle Name:: D.  
Family Name:: RABINOWITZ  
City of Residence:: Mountain View  
State or Province of Residence:: California  
Country of Residence:: US  
Street of mailing address:: 750 N. Shoreline, #98  
City of mailing address:: Mountain View  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94043

Applicant Authority type:: Inventor  
Primary Citizenship Country: US  
Status:: Full Capacity  
Given Name:: Dennis  
Middle Name:: W.  
Family Name:: SOLAS  
City of Residence:: San Francisco  
State or Province of Residence:: California  
Country of Residence:: US  
Street of mailing address:: 22 Sequoia Way  
City of mailing address:: San Francisco  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94127

Applicant Authority type:: Inventor  
 Primary Citizenship Country: US  
 Status:: Full Capacity  
 Given Name:: Alejandro  
 Middle Name:: C.  
 Family Name:: ZAFFARONI  
 City of Residence:: Atherton  
 State or Province of Residence:: California  
 Country of Residence:: US  
 Street of mailing address:: 1 Faxon Forest  
 City of mailing address:: Atherton  
 State or Province of mailing address:: California  
 Postal or Zip Code of mailing address:: 94027

#### **Correspondence Information**

Correspondence Customer Number:: 37485  
 Name:: Elaine C. Stracker  
 Name:: Alexza Molecular Delivery Corporation  
 Street of mailing address:: 1001 East Meadow Circle  
 City of mailing address:: Palo Alto  
 State or Province of mailing address:: CA  
 Postal or Zip Code of mailing address:: 94303  
 Phone number:: (650) 687-3905, (650) 687-3900  
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#### **Representative Information**

Representative Designation::	Registration number::	Name::
Primary	43,166	Elaine C. Stracker

**Domestic Priority Information**

Application::	Continuity Type:	Parent Application::	Parent Filing Date::
This application	Continuation of	10/155,621	05/22/2002
10/155,621	An application claiming benefit under 35 USC 119(e)	60/294,203	05/24/2001
10/155,621	An application claiming benefit under 35 USC 119(e)	60/317,479	09/05/2001
10/155,621	An application claiming benefit under 35 USC 119(e)	60/332,280	11/21/2001
10/155,621	An application claiming benefit under 35 USC 119(e)	60/336,218	10/30/2001

**Assignee Information**

Assignee name:: Alexza Molecular Delivery Corporation  
Street of mailing Address:: 1001 East Meadow Circle  
City of mailing address:: Palo Alto  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94303